

Chester County Department of Emergency Services Annual Report Fiscal Year 2017 - 2018

County of Chester

Commissioners

Michelle Kichline – Chair
Kathi Cozzone
Terrence Farrell

Department of Emergency Services

Robert J. Kagel – Director (F/T, non-grant)

Harry Moore – Deputy Director for Field Services/EMS (F/T, 80% grant)
Ernie Powell – ALS Coordinator (F/T, non-grant April 2, 2018 – June 30, 2018)
Larry Anderson – Regional EMS Medical Director (P/T, 100% grant)
Aprille Kronmuller – Quality Analyst (F/T, 25% grant)
Heather Gulsby-Steiner – EMS Instructor (P/T, 100% grant)
John Engle – EMS Instructor (P/T, 100% grant)
Ernie Powell – P/T EMS Instructor (P/T, 100% grant July 1, 2017 – April 2, 2018)
Frank Rutan – P/T EMS Instructor (P/T, non-grant)
Scott Thornton – P/T EMS Instructor (P/T, non-grant)

Chester County EMS Council, Inc. (Advisory) Board of Directors and Officers

President: Keith Johnson (Malvern Fire Company - BLS Representative)
Vice President: John Applegate (Uwchlan Ambulance Corps - Council Member at Large)
[July, 2017 – January, 2018]
Vice President: Charles Brogan (Good Fellowship Ambulance & EMS Training Institute – ALS
Representative) [January, 2018 – June, 2018]
Secretary: Frank Piscitello (West Chester University QRS – BLS Representative)
Treasurer: Frank Sullivan (Paoli Fire Company – Council Member at Large)

Robert Kagel (Chester County Commissioners Representative)
Dr. Mian Jan (Chester County Medical Society Representative)
Lorna Wohl (Chester County Emergency Dept. Nurses Assoc. Representative)
Robert Fleming (Consumer Representative)
L. James Thomas (Chester County Assoc. of Municipal Officials Representative)
Currently Vacant (Chester County Assoc. of Municipal Officials Representative)
Robert Clarke (Chester County Police Chief's Association Representative)
Neil Vaughn (Chester County Fire Chief's Association Representative)
P. Michael Edwards (BLS Representative)
Adrienne Pohar (Chester County Medic 91 - ALS Representative)
Leo Scaccia (Brandywine Hospital Medic 93 - Council Member at Large)

Financial Statement of income and expenses: (please list below)

| Categories | Original Budget | Amendment 3 | Total Budget | Total Invoiced | Variance |
|------------------------|-------------------|------------------|-------------------|---------------------|--------------------|
| Personnel Services | 154,421.47 | 250.08 | 154,671.55 | \$127,301.55 | \$27,370.00 |
| Consultant Services | 0 | 0 | 0 | 0 | 0 |
| Subcontractor Services | 36,892.53 | 11,364.92 | 48,257.45 | \$47,130.00 | \$1,127.45 |
| Patient Services | 0 | 0 | 0 | 0 | 0 |
| Equipment | 0 | 0 | 0 | 0 | 0 |
| Supplies | 6,900.00 | 0 | 6,900.00 | \$2,907.89 | \$3,992.11 |
| Travel | 1,500.00 | 0 | 1,500.00 | 0 | \$1,500.00 |
| Other costs | 46,793.00 | 0 | 46,793.00 | \$28,466.33 | \$18,326.67 |
| Total | 246,507.00 | 11,615.00 | 258,122.00 | \$205,805.77 | \$52,316.23 |

Regional Activities/ Organizational Management (please list below)

Organizational Management:

The Chester County Commissioners are the Pennsylvania Department of Health (DoH) grantees that serve as the regional emergency medical services (EMS) council for Chester County. The Commissioners delegate that responsibility to the Director of the Department of Emergency Services (DES) – Robert Kagel. In turn, Director Kagel delegates the majority of the daily operational responsibilities of the council to the Deputy Director for Field Services/EMS – Harry Moore. Harry remained the only F/T DES EMS staff person for the majority of this fiscal year, so he was the lead for all matters pertaining to the DoH grant, and EMS in general. The DES EMS staff listing is provided above as requested. Ernie Powell transitioned from P/T EMS Instructor to F/T ALS Coordinator on April 2, 2018. For the past several years, through the continued generous support of our County Commissioners, several of our part-time staff dedicated nearly 100% of their time, which was not DoH grant funded, to performing DoH grant related tasks. Specifically; EMS Instructors Gulsby-Steiner, Engle, and Powell assisted with certification, continuing education, EMS Registry, PA TRAIN, and psychomotor certification examinations. For the FY 17-18 grant, the budget was re-structured to utilize the bulk of the funding previously earmarked for the

vacant ALS Coordinator position to assist in covering the salaries for these P/T staff. When Mr. Powell transitioned from P/T EMS Instructor to F/T ALS Coordinator in April of 2018, his salary was generously covered by the County Commissioners for the balance of the FY 17-18 grant period. As a regional EMS council that is a unit of local government, DES is required to have an advisory body. The Chester County EMS Council, Inc. serves as our advisory body and provides DES (and other interested system stakeholders) with advice and recommendation on matters related to EMS. The EMS Council, Inc. is an independent 501(c)(3) general membership organization comprised of a wide variety of EMS system stakeholders. The Council, Inc. is led by a Board of Directors, who are elected from the Council's general membership. Both the Board and Council, Inc. currently meet 6 times per year. Current EMS Council, Inc. Board of Directors are listed above as requested.

Regional Activities: For FY 2017 – 2018 include:

- In June of 2016, Director Kagel and Deputy Director Moore met with BEMS Director Gibbons, and were at that time advised that effective July 1, 2017 our responsibilities as a regional EMS council would be transferred to the Emergency Health Services Federation (EHSF). Receipt of that information set in motion a comprehensive, dual approach response from this region. We actively engaged with Executive Director Lyle from EHSF in an effort to begin a smooth transition process. We also actively engaged the other four southeast PA regional EMS councils in an effort to counter with a proposal for a new five county southeast PA EMS council. These initiatives involved countless hours of staff time for meetings, planning, data collection, and relationship building. These efforts culminated as part of a Legislative Hearing on the matter of regional EMS council consolidation in February of 2017. In March of 2017 we were advised that our forced consolidation into the EHSF had been postponed, but due to the continued uncertainty surrounding both regional EMS council consolidation and the Bureau's leadership, we solicited interest from all of our neighboring EMS councils (Bucks Co., Delaware Co., Montgomery Co., Eastern, EHSF) regarding voluntary consolidation. In June of 2017 we received a one year extension of our existing grant with the Bureau, valid through June 30, 2018. In response to our voluntary consolidation query, and in consultation with our advisory Board, we opted to pursue further dialogue with both Eastern and EHSF. Over the next several months, representatives from DES and our advisory Board met with both the Boards and Councils from Eastern and EHSF to discuss in more detail potential voluntary consolidation efforts. While these meetings were very insightful, our advisory Board re-evaluated, and in January 2018 formally recommended to DES that we continue to remain as a single county regional EMS council, and to bolster staffing in support of that initiative. As such, we are once again firmly committed to continuing as a regional EMS council for the foreseeable future.
- Regional council personnel provided staff support for several County EOC exercises, including: a PEMA weather exercise, and a PEMA nuclear power plant drill.
- Continued to provide emsCharts as the region funded (via EMSOF) county-wide patient care reporting software platform free of charge for any EMS agency wishing to utilize that software.
- Purchased additional software (via EMSOF) that will interface our county PSAP's CAD system with emsCharts to allow for auto-population of PSAP/dispatch data directly into the PCR.

- Actively participated in the field user testing phase of the new PA EMS Registry system.
- Through the Southeast PA Regional Task Force, completed the initial phase of an active threat project, to include: securing funding to provide 17 sets of active threat response gear (each set includes 2 ballistic vests, 2 ballistic helmets, 2 active threat response bags, and a foxtrot litter), and an 8 hour EMS Response to the Active Shooter Incident class to 60 regional EMS providers. Upon verification of completing the required training, 8 EMS agencies have received their gear. Phase 2 of this project will focus on having additional EMS agencies complete the required training, and the issuance of similar gear to those agencies.
- Purchased additional active threat response bags (via EMSOF) to distribute to remaining EMS agencies who did not receive gear provided by the Task Force. 50 bags are currently being distributed to EMS agencies.
- Continued to work with a multi-disciplinary group to implement and revise the Chester County Active Threat Plan.
- Participated in the Bureau's ALS Exam Quality Assurance Team, and attended Paramedic exams in Southern Alleghenies and EMMCO West as part of that group.
- Completed mandatory Investigator training provided by the Bureau.
- Worked collaboratively with the Bureau and other regional EMS councils to troubleshoot and resolve issues related to the PA EMS Registry transfer. This required a significant amount of staff time in the weeks following the transition.
- Updated an EMS Response to an Active Threat Incident Policy, which is still in the draft/review process.
- In conjunction with our Emergency Management Division, initiated a complete revision of the 10 year old Chester County Mass Casualty Incident Plan. The revised Plan is currently being rolled out to the Chester County EMS Council, Inc. and other stakeholders for their review and comment.
- Continued collaboration with Good Fellowship Ambulance Club & EMS Training Institute following a previous DoH approved pilot project that allowed Good Fellowship to sponsor their own region-administered EMT psychomotor exams for which they serve as the Examination Coordinator. 1 exam was held for 11 candidates as part of this initiative, and wages for the exam staff (excluding regional council staff) for this exam were generously paid by Good Fellowship.
- In partnership with the Chester County EMS Council, Inc.'s Continuous Quality Improvement (CQI) Committee, collected and reviewed data as per the regional CQI Plan. Data points for review will include several rotating clinical items and items related to changes made to our County PSAP EMS type codes.
- Assisted system stakeholders in understanding and partnering with interested EMS agencies to implement Act 139 – naloxone use for non-EMS personnel. Connected interested EMS agencies with the county's Centralized Coordinating Entity for participation in their grant funded naloxone distribution program.
- Expanded our role in the Chester County Commissioners Overdose Task Force, and continued efforts to understand the scope of opioid overdoses and naloxone administrations (by EMS and

non-EMS) county-wide. Continued our relationship with the Chester County Department of Drug and Alcohol and the county's Centralized Coordinating Entity to gather and provide both Law Enforcement and EMS naloxone administration data. Using County GIS resources, used that data to map locations to better focus Task Force efforts. Participated in several regional (SEPA, NJ, DE) opioid symposiums.

- Continued participation in a multi-disciplinary responder work group to partner with the Chester County Association of Township Officials to address the lack of volunteers in the Fire and EMS fields.
- Maintained 100% regional compliance (both EMS agency and receiving facility) with data reporting to the Pennsylvania Cardiac Arrest Registry to Enhance Survival (CARES) database. This marks our 5th consecutive year with 100% compliance; and Chester County ranked among the highest in PA in regards to Utstein Bystander Survival Rate at 42.9%.
- In conjunction with our 911 Communications staff, implemented the PulsePoint and PulsePoint AED applications county-wide. Marketing efforts focused on use of the apps and uploading of crowd-sourced AED location information. The PulsePoint AED app notifies users of a cardiac arrest within ¼ mile of their location where a public access AED is present. As of June 30, 2018, there were 4,886 PulsePoint Users with 2,641 of those opting to be alerted for cardiac arrests.
- Assisted the Chester County EMS Council, Inc. in coordination and preparation for their annual EMS Awards Banquet during EMS Week. A total of 158 individual awards were presented, including: 124 Clinical Save Commendations, 14 Life Saving Clinical Excellence Commendations, 5 Pre-hospital Delivery Commendations, 3 Citizen's Awards, 4 Medal of Valor Awards, BLS Provider of the Year, ALS Provider of the Year, Telecommunicator of the Year, EMS Educator of the Year, Distinguished Provider Award, Distinguished Service (Agency) Award, Nicholas H.S. Campbell Meritorious Service – EMS Leadership Award, and the President's Award.
- Partnered with Tower Health-Brandywine Hospital and their Medic 93 to implement a pilot project for utilization of real-time video medical command. Brandywine Hospital plans to install a new CarePoint receiving station which has full secure, recordable video capability. Our County's new mobile data network provides a high speed internet connection in every EMS vehicle equipped with a county-supplied mobile data computer, and we plan to develop and implement a system capable of providing real-time video capability between EMS vehicles and medical command facilities as soon as the infrastructure is in place.
- With oversight from our regional EMS medical director, continued to monitor trends related to the regional PSAP's EMS type codes, and Emergency Medical Dispatch (EMD) process.
- Attended an initial meeting on the potential implementation of a county-wide health data management system, which would allow two-way transfer of specific, protected patient information between EMS and the county's hospitals. Funding would likely be the largest hurdle in moving forward, but there was some initial interest.
- Administered an AEMT psychomotor exam (re-test) for the Emergency Health Services Federation following the compromise of one of their AEMT exams.
- Collaborated with Eastern regional EMS council and their stakeholders on their annual CODE EMS conference to be held in October. With Tower Health acquiring 3 hospitals within Chester

County, and being a primary sponsor of the CODE conference, Eastern invited us to participate in the event to support the Tower Health connection.

- Met with the Bureau's new Emergency Planning Coordinator (Confalone) and inventoried our regional MSEC trailer.
- Partnered with a large group of stakeholders in planning for a large Country Music Festival (~10K/day attending x 3 days) planned at a remote, non-developed parcel within the County.
- Allocated and distributed \$47,257.45 via the Emergency Medical Services Operating Fund (EMSOF) program. Expenditures for regional system development projects included \$6,925.00 for the emsCharts/CAD interface; \$16,000.00 for active threat response bags; and \$24,332.45 towards our county-wide emsCharts contract for CY 2019.
- Partnered with our Department's Safe Schools Coordinator and Paoli Hospital's Trauma Department to promote and offer Stop-The-Bleed programs to all Chester County schools. All council staff have been trained as Stop-The-Bleed Instructors. An initial meeting with all school Superintendents was well received, and the initial school district rollout is scheduled for September.
- Collaborated with our Department's Safe Schools Coordinator and our County's Drug and Alcohol Department to develop a plan to potentially provide naloxone to the county's schools.
- Distributed information to EMS agencies and EMS stakeholders on important Bureau projects, to include: 2017 Protocol updates (all levels), scope of practice updates, required equipment changes, required medication changes, 2018 ALS Protocol updates, and all relative EMSIBs.
- Assisted and supported response and recovery efforts from a massive fire on a cold November night at the Barclay Friends Senior Living Center in West Chester that resulted in 4 fatalities, 27 injuries, and 133 residents being displaced and needing immediate re-location. Nearly every EMS agency in Chester County responded or provided support, as well as EMS agencies from surrounding counties and the State of Delaware.
- Continued active participation in:
 - DoH meetings and activities, to include: regional director's meetings/calls, district director's meetings/calls, and coordinator's meetings/calls (education, licensure);
 - Southeast PA Regional Task Force. Current EMS related funding projects focus on training and equipment for active threat/shooter incidents;
 - PEHSC meetings and activities, to include: Board, Council, annual EMS Conference and Awards Dinner, 9/11 Memorial Service, and Medical Advisory Committee;
 - Regional meetings and activities, to include: Chester County EMS Council, Inc., Medical Advisory Committee, Continuous Quality Improvement Committee, Operations Committee;
 - Regional Hospital support functions to include: Paoli Hospital's Trauma Center Performance Improvement Committee, Chest Pain Center Committee, and Stroke Center Committee; Penn Medicine-Chester County Hospital Chest Pain Center Committee, and a variety of other local projects and initiatives.
 - Community education events, to include: hands-only CPR sessions, EMS and safety awareness programs at local schools and businesses, and other public education events.

(if you don't have answers to questions below please fill in 0)

Medical Direction

1 Medical Command Physician was registered. ** In addition, as part of the renewal of 1 medical command facility, 5 Medical Command Physicians who had previously never been entered into the PA EMS Registry were processed and transitioned from their old 4 digit ID # to their new 6 digit certification #. We also set up PA TRAIN accounts for those physicians.

000 ALS providers were credentialed (paperwork submitted to office). **EMS agencies no longer provide paperwork (i.e. medical command authorization forms) to the regional EMS councils so we have no way to track this.

1 Medical Command facility was renewed.

There are 5 medical command facilities in the region.

There are 4 PA DOH accredited primary stroke centers in the region.

The regional Medical Advisory Committee met 6 times.

Systems Operations

| | <i>Initial</i> | | <i>Renewal</i> | | <i>New</i> |
|--------|----------------|----------------|----------------|----------------|----------------|
| | <i>Service</i> | <i>Vehicle</i> | <i>Service</i> | <i>Vehicle</i> | <i>Vehicle</i> |
| ALS | 1 | 3 | 2 | 7 | 4 |
| BLS | 0 | 0 | 3 | 10 | 11 |
| QRS | 0 | 3 | 0 | 2 | 2 |
| **IALS | 1 | 0 | 0 | 0 | 1 |

** 1 existing ALS level agency added the IALS level, no vehicles inspected as they already met the requirements.

20 licensure applications were processed. We also inspected 1 Delaware County affiliate who opened a new station location within Chester County (Keystone Quality Transport) – 1 BLS vehicle.

33 total EMS agencies in the region - 33 licensed EMS agencies (includes QRS), 000 QRS agencies. Please list other services that you may have in your region. Ex. Water rescue..... 3 VRSR agencies.

**Chester County has 33 licensed EMS agencies and 3 recognized VRSR agencies affiliated within the region. The EMS agencies can be further broken down as follows:

QRS only: 5 agencies with 7 vehicles

BLS only: 16 agencies with 65 ambulances and 1 squad vehicle (includes 1 Mass Gathering EMS agency)

QRS/BLS Combination: 2 agencies with 3 QRS and 7 BLS vehicles

ALS only: 2 agencies with 8 vehicles

Combination level agencies: 7 agencies with 39 vehicles (3 QRS, 8 BLS, 1 IALS, and 27 ALS)

Air only: 1 agency with 2 vehicles

Of those 33 agencies 29 provide 911 services and 4 (all BLS) do not.

Chester County also is home to 5 EMS agencies that are licensed/affiliated through another region but have a base within Chester County. This includes 1 air, 4 ALS, and 1 BLS vehicles.

Total number of personnel (QRS, vehicle rescue, water) is 000 with 000 vehicles recognized. **We have no mechanism to count vehicle rescue or water rescue personnel.

Staff conducted 0 unannounced agency inspections.

0 new vehicle rescue service

0 water rescue renewal

0 new water rescue services

Practitioner Services

| | <i>Certified This Year</i> | <i>Total In Region</i> |
|----------------------------------|----------------------------|------------------------|
| EMR | 41** | 61*** |
| EMT | 334** | 948*** |
| Advanced EMT | 8** | 19**** |
| Paramedic | 94** | 185**** |
| Pre Hospital RN's | 23** | 46**** |
| Pre Hospital Physicians | 1** | 3**** |
| Pre Hospital Physicians Extender | 1** | 1**** |
| EMS-Instructor | 28** | 69*** |
| EMSVO* | 13** | 13*** |

(note: EMS instructors are dual certified)

*(*EMSVO denotes sole certification)*

*** These totals are from the PA EMS Registry using an issue date of 7/1/17 – 6/30/18 for each level.*

**** These total are from the PA EMS Registry using an expiration date of 10/1/18 – 10/1/21.*

***** These total are from the PA EMS Registry using an expiration date of 10/1/18 – 12/31/19.*

25 photos and signatures were taken and placed on certification cards. **Approximately, this is not something we typically count. All certification by endorsements come to the office for this, otherwise we have few requests as it is not a requirement.

000 EMS providers requested re-registration packets; 00 achieved re-certification, 00 are still in the process of completing requirements ** There is no re-registration packet to request. We did however field hundreds of calls and emails requesting information on the re-registration process – specifically since the PA EMS Registry transition.

40 reciprocity packets were requested; 12 providers became PA certified (10 EMT and 2 Paramedic). ** Approximately, this is not something we typically count, however we received at least 6 reciprocity packet requests per month prior to the PA EMS Registry transition. Obviously those inquiring after 1/18 are re-directed to the PA EMS Registry to complete the electronic process now.

000 criminal history/driver's license suspensions investigated. ** We do not investigate criminal histories, and we only follow up on driver's license suspensions when the provider reports them to us directly. Otherwise, any criminal history or driver's license suspension would be investigated by the Bureau when reported on an EMS Provider Certification Application.

| Retention rates (active providers): | EMR | EMT | AEMT | Paramedic | PHRN |
|-------------------------------------|------|-----|-------|-----------|-------|
| April 1, 2016 | 67% | 85% | N/A%* | 00%** | 00%** |
| July 1, 2016 | 100% | 80% | N/A%* | 00%** | 00%** |

*There were no AEMTs with a 2016 expiration date to sample

**ALS providers with an April or July 2016 expiration date have already re-registered so there is no method to accurately extract the requested data.

Management Systems

There were 53,915 Patient Care Reports generated in the region and processed at region.

Most Common Medical Categories (as seen by EMS [excluding not applicable/not available/transfers]):

(please use your regions most common, these are just examples)

- 1) BLS Fall Victim 11.8%
- 2) ALS Respiratory Difficulty 10.8%
- 3) BLS Sick Person 9.8%
- 4) BLS Motor Vehicle Accident 7.7%
- 5) ALS Chest Pain 6.6%
- 6) ALS Unresponsive Person 6.1%
- 7) BLS Injured Person 4.2%
- 8) ALS Heart Problem 3.9%
- 9) ALS Ingestion-Poisoning 3.7%
- 10) BLS Mental 3.6%

There were more than 30 additional dispatch type codes used to make up the balance of 100%.

Busiest time of the day for EMS calls was between 11:00 and 12:00 with 19%. That is followed by 10:00 – 11:00, and 13:00 – 14:00.

Busiest day of the week is Thursday, followed by Friday.

66.5% of calls are treated, transported by EMS. Nearly 11% of the patients seen (according to PCRs) require no treatment. 5.1% of the patients (again, according to PCRs) refuse care.

25.5% of patient destination basis is by patient choice. 23.9% of the time it is based on closest facility and 1.8% of patients are transported to a destination based on patient's physician choice. 3.1% of the patients are transported to specialty resource centers. *Note: 43.4% of PCRs did not include a destination determination.

Staff participated in 00 PCR vendor roll-outs. Out for updating

1 EMS agency received a 2017 American Heart Association Mission: Lifeline EMS Performance Achievement Award.

Education

2 EMR programs ran in the region

40 EMT programs ran in the region (please list all counties in region and how many per county)

| | | | | | | | |
|------------|----|---------------|---|--------|---|------------|---|
| Chester | 40 | xxxxxxxxxx | 0 | xxxxxx | 0 | xxxxxx | 0 |
| xxxxxxx | 0 | xxxxxxx | 0 | xxxxxx | 0 | xxxxxxxxxx | 0 |
| xxxxxxxxxx | 0 | xxxxxxxxxxxxx | 0 | | | | |

3 AEMT programs ran in the region

1 Paramedic program ran in the region

0 EMS-Instructor classes were held

2 Basic Vehicle Rescue classes and 1 Special Vehicle Rescue classes were held

0 CPR classes at our office for healthcare providers. **While we did not offer CPR for healthcare providers, we offered or assisted several other public/non-professional rescuer CPR classes, including several large Hands-Only CPR events.

Hosted an EMS Instructor program attracting 00 students.

12 PHRN applications received; 00 successful completions of the PHRN – BLS psychomotor exam; 00 successful completions of the PHRN – ALS cognitive exam. 00 paramedics were upgraded to PHRN. ** This is not something we typically count. We receive approx. 1 PHRN upgrade/challenge request per month and approx. 25% of those submit paperwork, sit for the exam, and are certified. We see almost 0 PHRN challengers who are not already EMTs. We did have 1 PHRN certification course run in the region.

Conducted 9 BLS psychomotor examinations (327 candidates tested: 4 EMR/323 EMT) and 4 ALS psychomotor examinations (48 candidates tested: 34 AEMT/14 Paramedic).

*BLS exam breakdown: 4 EMRs tested / 1 retested and 323 EMTs tested / 120 re-tested.

*ALS exam breakdown: 34 AEMTs tested / 19 re-tested and 14 Paramedics tested / 0 re-tested.

Conducted 55 first class visits. **This is total for all class visits. With the transition to the new PA EMS Registry in January of 2018, first class visits are no longer necessary since the enrollment process is electronic. We do continue to visit, or attempt to schedule a visit, to each certification class prior to class end to review the testing and certification processes. Through these class visits we interacted with approx. 650 students in all levels.

2 EMS Educational Institutes were re-accredited this year (1 BLS, 1 BLS w/AEMT).

Continuing Education

253 Con-Ed courses were registered in the region with 1,425 students enrolled. **From 7/17 – 1/18 we utilized ConEdLink for CE class processing. ConEdLink had full reporting capability, and during that time we processed 89 CE class rosters with 1,425 attendees. With the transition to the new PA EMS Registry in 2/18, we lost ConEdLink and the capability to report out on CE classes processed, including the number of attendees, so I have no roster data to report on from 2/18 – 6/18. There is no reasonable process to extract that data currently from the PA EMS Registry.

Con-ed classes by county

| | | | | | |
|---------|-----|---------|----|---------|----|
| Chester | 253 | xxxxxxx | 00 | xxxxxxx | 00 |
| xxxxxxx | 00 | xxxxxxx | 00 | xxxxxxx | 00 |
| xxxxxxx | 00 | xxxxxxx | 00 | xxxxxxx | 00 |
| xxxxxxx | 00 | | | | |

000 Con-Ed by endorsement applications were processed. **We did not utilize a CE by endorsement application prior to the PA EMS Registry transition. If a provider provided us with a valid certificate of course completion we reviewed it and awarded PA CEUs as applicable. While we did not count these individually, we did review and credit approx. 100 of these per month. Since the PA EMS Registry transition, we continue to process approx. 100 of these per month, while not individually counted. There is no mechanism to extract this data from the PA EMS Registry.

12 continuing education sponsors were re-accredited. There are 37 sponsors in the region. Region approved 3 new sponsors.

Region approved 3 new continuing education course applications.

Region conducted 0 continuing education sponsor workshops.

130 patient actors/EMT assistants participated in NREMT psychomotor exams and **did not** receive continuing education endorsement for their participation. **Will discuss separately as to why.

Regional staff participated in xxxxxxxxxxxxxx **Participated in what?

Top fifteen continuing education sponsors by volume:

**By volume per# of class rosters processed

1. Uwchlan Ambulance Corps
2. Good Fellowship Club of Chester County
3. ChristianaCare LifeNet
4. Brandywine Hospital Medic 93
5. Malvern Fire Company
6. Berwyn Fire Company
7. Longwood Fire Company
8. Washington Hose Company
9. West End Fire Company #3

10. Chester County Hospital
11. Emergency Training Academy
12. West Grove Fire Company
13. East Whiteland Township Fire Company
14. Paoli Fire Company
15. Minquas Fire Company

Top ten continuing education classes offered:

1. Grand Rounds
2. Bloodborne Pathogens
3. Emergency Driver Training Program
4. EMT-B to EMT Transition
5. ALS Skills Review
6. 2017 ALS Protocol Rollout
7. 2017 BLS Protocol Rollout
8. Airway/RSI Lab
9. Lifting and Moving
10. Haz-Mat Operations Refresher

Continuous Quality Improvement

1 complaint received at Region and investigated.

37 Fatal Accident Reports were researched.

12 accidents involving ambulances/EMS personnel were reported in the region. **Approximately, this is not something that we typically count. We receive approx. one accident/injury report per month.

The regional QI committee met 2 times.

WMD/Emergency Preparedness Activities

12 Task Force Meetings were held; 4 Table Top Exercises were conducted; and 0 Full Scale Field Exercises were completed.

One of the mandated responsibilities of the Regional EMS Councils is to assist Federal, State or local agencies, upon request, in the provision of onsite mitigation, technical assistance, and situation assessment, coordination of functions or post-incident evaluations in the event of a potential or actual disaster, mass casualty situation or other substantial threat to public health. As part of its fulfillment of these tasks, our personnel participated in the following meetings, exercises, events and real time disasters:

- The Department of Emergency Services is the Emergency Management Agency for Chester County, and all DES employees (except Telecommunicators) are required to participate in emergency management activities related to the County's Emergency Operations Center (EOC). Deputy Director Moore is considered essential staff for the EOC, and serves as an Operations Section Chief. As such, he actively participates in all trainings drills, exercises, and activations of the EOC for all hazards. Mr. Powell and Ms. Kouba are currently completing their EOC training and will be assigned roles accordingly once complete. Other P/T EMS staff may fill other EOC

